Strengthening the Chain of Survival in Sudden Cardiac Arrest

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Disclosure: Employed by Advanced Circulatory Systems, Inc. (manufacture of ITD technology)





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Sudden Cardiac Arrest (SCA)

Prevalence

310,000 coronary heart disease deaths 166,200 are sudden cardiac arrest Nearly 450 per day

Survival has been dismal

In-hospital: ≈ 20%

Out-of-hospital: 5 - 10%

Source: americanheart.org

Strengthening the Chain of Survival



Increase knowledge of CPR

- 80% of cardiac arrests occur at home & witnessed by family member
- Survey done by AHA January 8 21, 2008 of 1,132 people

89% were willing & able to help a witnessed a medical emergency

<20% confident to perform CPR or use an AED

Likely to perform CPR on adult (39%) or child (37%) they know.

<17% believe they are at risk for sudden cardiac arrest.





www.americanheart.org

Hands Only CPR





HANDS-ONLY CPR

The skills you learn in this coorse will prepare you to provide CPR to adults and children who are unresponsive and not breating normally regardless of the cause.

For Adults:

- 1. Tap and shout
- 2.Call 911
- 3. Check for normal breathing
- 4. Begin the breathe and push sequence of CPR

As part of learning these skills, you'll also be learning the skills needed to provide Hands-Only CPR, an easy and effective way to help adults who suddenly collapse.



I.Send someone to call 911 or, if alone, call 911 yourself



Push hard and fast in the middle of the chest

Whether an adult has collapsed suddenly or a person has experienced some other medical emergency and is not breathing normally that person will not get better without intenedate help. This course will prepare you to give them the help they need.

So, why wait! You'll be surprised how easy CPR can be!

For more information on Hands-Only CPR, go to: americanheart.org/handsonlycpr

ESSENCEMENTS BUT TO

Mechanical CPR:



Available only outside of USA



ACD: Activite Chest Decompression





Device Features

Ventilation Port

2 Timing Assist Lights

Promote proper ventilation & compression rate



Timing Assist Lights ON/OFF Switch

Turns timing assist lights on & off

Atmospheric Pressure Sensor System

Provides selective impedance to inspiratory air flow

Safety Check Valve

Enables inspiration @
-10 cmH₂O with
spontaneous respiration

Patient Port

Something to think about ...

Brain dies because of lack of perfusion and failure to ventilate

not failure to intubate.

Clinical Benefits

Impedance Threshold Device Therapy

Brand name: ResQPOD 10.0 ITD (Perfusion on Demand)

Animal and clinical studies have shown:

Doubles blood flow to the heart
Increases blood flow to the brain by 50%
Doubles systolic blood pressure
Increases survival

The generally cleared indication for the ResQPOD is for a temporary increase in blood circulation during emergency care, hospital, clinic and home use. Studies are ongoing in the United States to evaluate the long-term benefit of the ResQPOD for indications related to patients suffering from cardiac arrest, hypotension during dialysis and severe blood loss. The presentation of clinical data is not intended to imply specific outcome-based claims not yet cleared by the US Food and Drug Administration.

Incorporating ITD into AHA Curriculum

August 2007



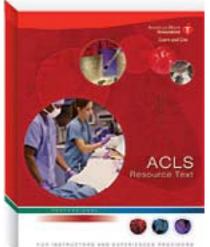




2005 AHA CPR Guidelines

Device/Drug	Class Recommendation
Impedance Threshold Device	lla
Hypothermia	lla
Vest CPR	IIb
Epinephrine	IIb
Amiodarone	IIb
Vasopressin	Indeterminate
Lidocaine	Indeterminate
Atropine	Indeterminate

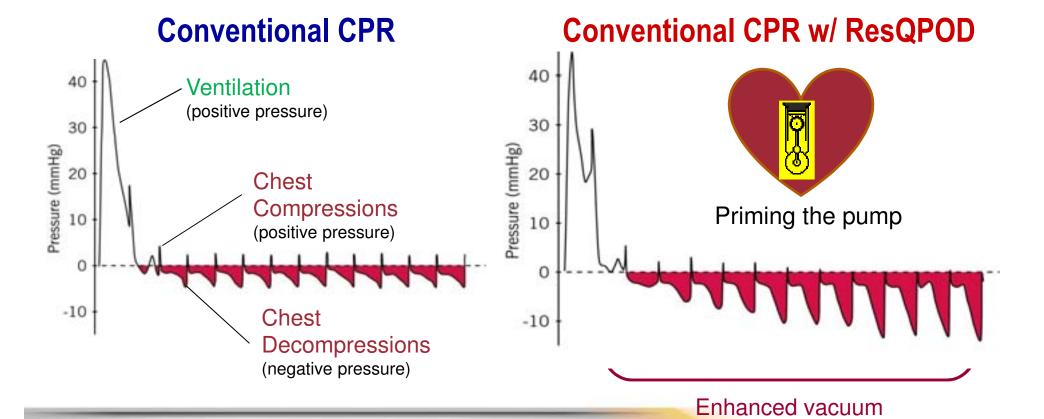




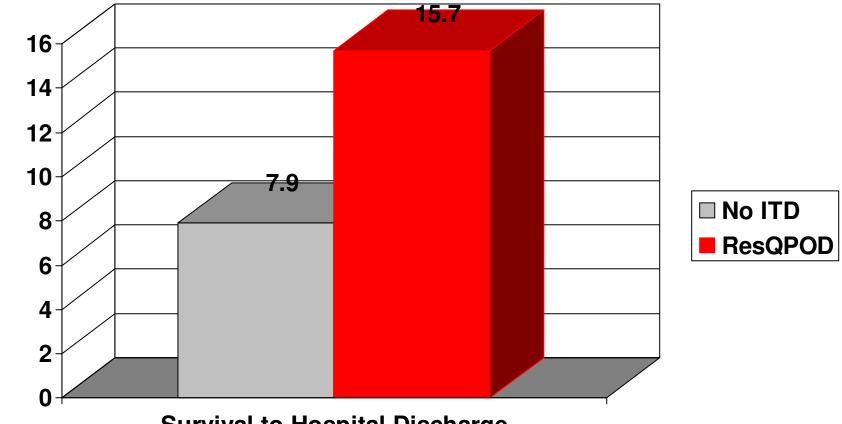
Source: 2005 AHA Guidelines for CPR and Emergency Cardiac Care; Part 6. Circulation 2005;112:IV-48

Impedance Threshold Device 10.0 (ResQPOD)

Enhancing greater vacuum (negative pressure) in the chest during chest decompressions



Allina Medical (Anoka county, MN), Cypress Creek EMS, TX,
Madison Fire Dept. (Madison, WI), Medical College of Wisconsin(Milwaukee, WI),
Omaha Fire Dept. (Omaha, NE), Pinellas County EMS (Largo, FL)
Wake County EMS (North Carolina)

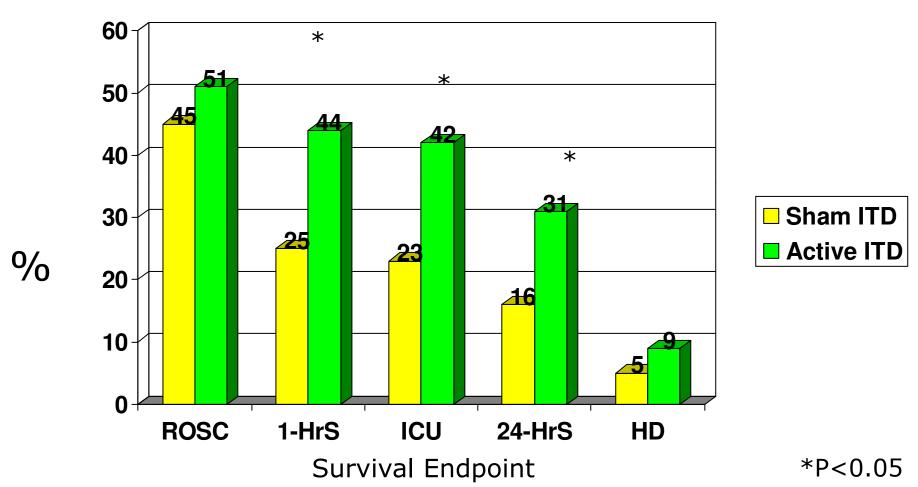


Survival to Hospital Discharge

%

Aufderheide et al. Circulation 2007; Suppl II; 116(16): II-936

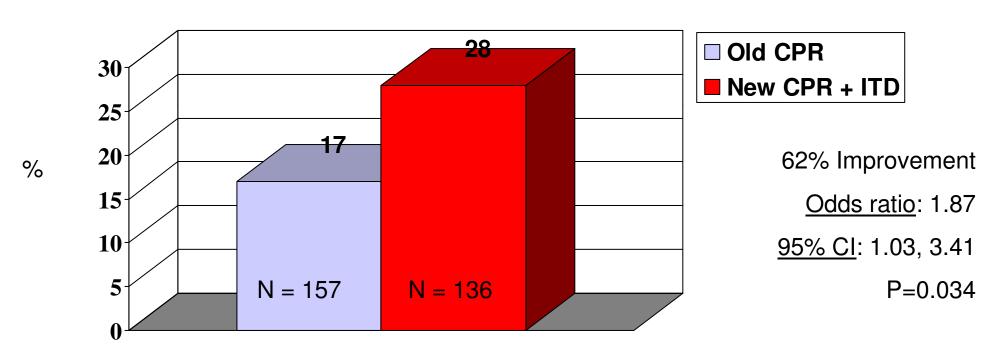
Any Electrical Activity Initially (VF/VT/PEA) (n = 111)



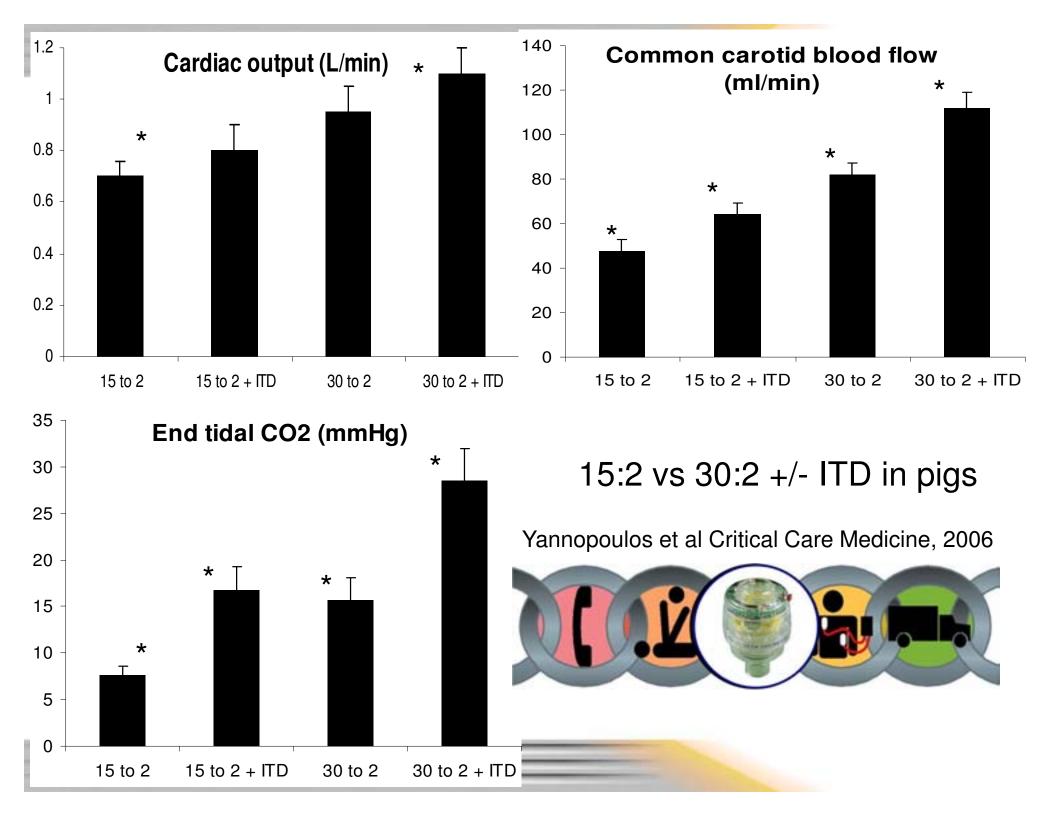
Aufderheide et al Critical Care Medicine 33(4):734-40. 2005

In-hospital Cardiac Arrest

Survival to Hospital Discharge



Thigpen et al. ACEP's ICEM in April 2008



Keys to Optimal CPR



- Begin performing chest compressions as soon as cardiac arrest is confirmed.
- Ventilate over 1 second (until chest rise) for both facemask and advanced airway.
- Use 2 hands to help maintain a facemask seal at all times.
- Assure complete chest wall recoil.
- Rotate duties frequently to avoid fatigue.
- DO NOT hyperventilate.
- Avoid unnecessary delays or interruptions in chest compressions; ideally no more than 5 – 10 seconds.

Take Heart America

Sudden Cardiac Arrest Survival Initiative

A 3 Phase Demonstration Project deploying recent advances in resuscitation science to significantly increase resuscitation rates after cardiac arrest.

Phase I: St. Cloud MN and Anoka County MN (complete).

Phase II: Columbus OH and Austin TX (in process).

Phase III: 20 US Cities and 3 States (Minn, Tex, Miss)

(initial planning stages)

Multi-Level Focus and Translational Effort

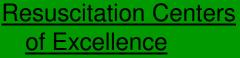
- Widespread CPR **Training** (e.g. **CPR Anytime**)
- AEDs
- Public Education







- Rapid Response
- Start CPR immediately
- Rapid AED application
- High Quality CPR
- ITD (ResQPOD)

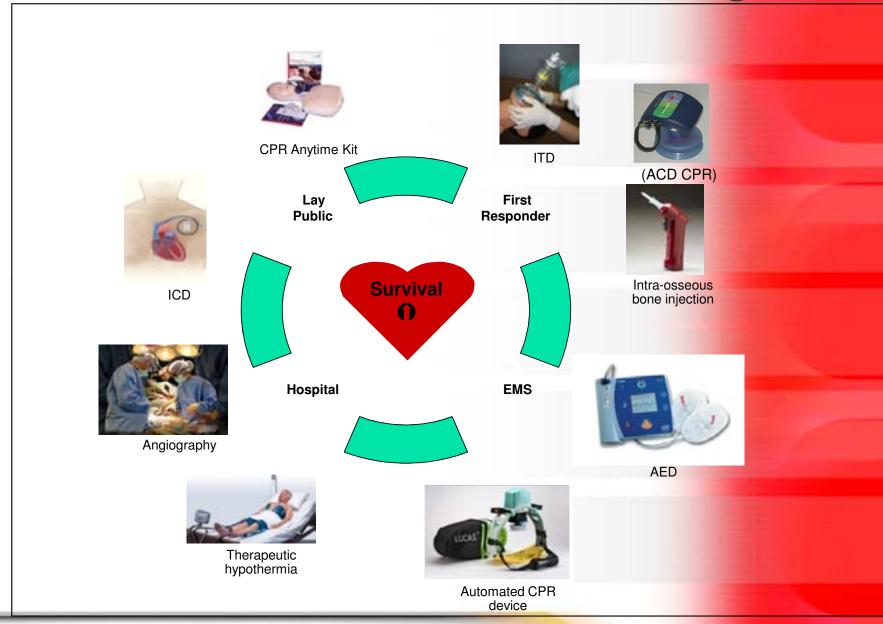


- Hypothermia
- 24/7 cath lab
- CPR to cath lab
- EP/ICDs



EMS

Transformative technologies



Take Heart St. Cloud and Anoka Outcomes

- From 2006-2007 in the two MN sites, >12,000 people were trained in CPR, bystander CPR rates increased by ~5%, all CPR interventions and the ResQPOD deployed, three Level One Cardiac Arrest Centers were established.
- Survival in all patients following OHCA improved from 9.3% in 2005 (historical control) to 17% (P=0.03) in 2007 in these two sites.

Take Heart America

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Device Features

Patient / Inspiration Port

Connects to a mouthpiece or facemask.

Atmospheric Pressure Sensing Valve

Provides therapeutic inspiratory resistance until the patient creates at least -7 cmH₂O pressure with respiratory effort.



Exhalation Port

O₂ Port
Permits administration
of up to 15 lpm
supplemental oxygen

Inspiratory Impedance Effect



Inspiration through an ITD



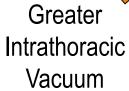
↑ Preload↑ Coronary ArteryPerfusion↑ Cardiac Output







↑ Blood Flow to Vital Organs









↓ Intracranial Pressure
 ↓ Resistance to
 Forward Blood Flow
 ↑ Cerebral Blood Flow

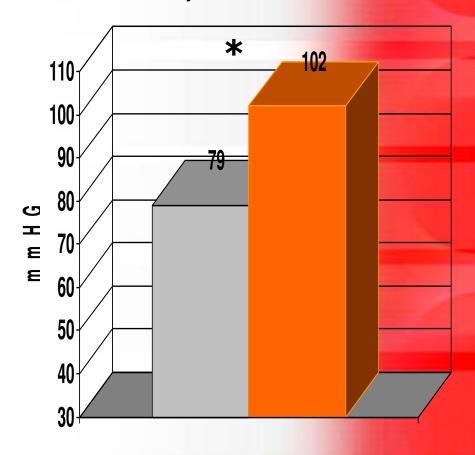
Human Data: Blood Pressure

Blood Pressure Response After Simulated Cardiovascular Collapse using LBNP

- Sham (placebo) ResQGARD
- Active (functional)ResQGARD (-7 cmH₂O)

*p<0.02

Systolic Blood Pressure



Clinical Features & Benefits

- Rapidly increases circulation non-invasively & without fluids or medications
- Can be used concomitantly with other therapies
 - e.g. IV fluids, vasopressors, patient positioning
- Easy to discontinue therapy
- Compatible with mouthpiece or facemask
- Latex free
- Single patient use

Examples of Treatment Areas

Hospital/Acute Care

- Critical care units (e.g. CCU, ICU, SICU, MICU)
- Dialysis units
- Emergency department
- Rapid response teams
- Post anesthesia areas (e.g. PACU)
- Cardiac exercise stress labs
- Anywhere hypotension could present

Emergency Medical Services

- Basic and advanced life support units (e.g. civilian, military)
- Critical care transport units (e.g ground, aeromedical)

Home/Other

- Patients with orthostatic hypotension
- Blood banks

Questions?

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